

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

58 County Linn-----
Township Brookfield-----
City 2 mi. N.E. Brookfield

Registration District No. 496 51
Primary Registration District No. 4763025

File No. _____
Registered No. 92234
St. _____ Ward _____

2. FULL NAME Claude Marks Wilhoit

(a) Residence, No. Brookfield, Mo. st. _____ Ward _____

(Usual place of abode) Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Clardy Wilhoit

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 27-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 71 9 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales-Stock Food man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Solicitor

10. Date deceased last worked at this occupation (month and year) about June 1, 1932 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bothville Chariton County Missouri

FATHER 13. NAME Moses Wilhoit-----

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Howard County, Mo.

MOTHER 15. MAIDEN NAME Zany Dyer-----

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentzville St. Charles County, Mo.

17. INFORMANT Mrs. Winona Reynolds (ADDRESS) 837 Brookfield, Ave. Bfld, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hale Mo. DATE Jan 13 1933

19. UNDERTAKER Frank E. Slater (ADDRESS) Hale, Missouri

20. FILED Jan 2, 1933 L. E. Jenkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11 1933

22. I, HEREBY CERTIFY, That I attended deceased from 11/18 1932 to 1/11 1933
I last saw him alive on 1-11-1933 Death is said to have occurred on the date stated above, at 2:30p m.

The principal cause of death and related causes of importance were as follows:

Date of onset 4 Dec (Dys)

Other contributory causes of importance 46 H

Name of operation _____ Date of _____
What test confirmed diagnosis? Micro Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Geo. W. Young, M. D.
(Address) Brookfield, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

